

BUTLER COUNTY
RESIDENTIAL
ASSESSMENT APPEAL FORM

DATE OF NOTICE _____

FORM ISSUES _____

UNDER THE PROVISIONS OF LAW, ANY PERSON AGGRIEVED BY ANY ASSESSMENT DESIRING TO APPEAL SHALL FILE A STATEMENT, IN WRITING, WITH THE BOARD OF ASSESSMENT APPEALS ON OR BEFORE AUGUST FIRST. SUCH STATEMENT SHALL DESIGNATE THE ASSESSMENT APPEALED FROM AND THE ADDRESS TO WHICH THE BOARD SHALL MAIL NOTICE OF WHEN AND WHERE TO APPEAR FOR SAID HEARING. NO APPEAL SHALL BE HEARD BY THE BOARD UNLESS APPELLANT SHALL FIRST HAVE FILED THE APPEAL AND REQUIRED DOCUMENTS ON OR BEFORE **AUGUST FIRST (1ST)**, AS SET FORTH BY LAW

RECORD OWNER(S) NAME: _____

MAILING ADDRESS: _____

PROPERTY SUBJECT TO APPEAL: _____

DIST/MAP/PARCEL#: _____ ASSESSMENT: _____

BUILDING/LAND USE: (OWNER OCCUPIED) _____ (TENANT OCCUPIED) _____

NUMBER OF STORIES _____ TOTAL ROOMS _____ BEDROOMS _____ FAMILY ROOM _____ FULL BATHS _____

HALF BATHS _____ BASEMENT _____ GARAGE (CARS) _____ CARPORT _____ FIRE PLACE(S) _____ CENTRAL AIR _____

LOT SIZE/ACREAGE _____ CONDOMINIUM COMMON ELEMENT _____

DATE PURCHASED: _____ PURCHASE PRICE _____ FIRE INSURANCE _____

OWNERS OPINION OF CURRENT MARKET VALUE _____ ANNUAL RENT _____

REASON FOR FILING YOUR TAX APPEAL: COMMON LEVEL RATIO _____ OR COMPARABLE _____

IF OTHER, STATE HEREIN: _____

IF COMMON LEVEL RATIO APPEAL: APPRAISED VALUE: \$ _____ YEAR _____

APPRAISERS NAME & FIRM: _____

PROPERTY OWNERS NAME	DISTRICT/MAP/PARCEL NUMBER	TOTAL ASSESSMENT

IF OTHER STATE ALL PERTINENT INFORMATION _____

AN ASSESSOR WILL BE OUT TO REVIEW THE PROPERTY PRIOR TO THE APPEAL HEARING

CERTIFICATE OF APPEAL

I/WE HEREBY DECLARE MY/OUR INTENTION TO APPEAL FROM THE ASSESSED VALUATION ON THE PROPERTY DESCRIBED ABOVE AND DO HEREBY VERIFY THAT ALL STATEMENTS MADE IN THIS APPEAL ARE TRUE AND CORRECT. I/WE HAVE READ AND UNDERSTAND THAT FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO PENALTIES OF THE 18 PA. C.S. SECTION 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES AND ARE GROUNDS FOR PROSECUTION.

SIGNATURE OF APPELLANT: _____ DATE: _____

PHONE # _____

PHONE # _____

IF A THIRD PARTY NOTICE IS TO BE MAILED, IDENTIFY NAME AND ADDRESS BELOW:

NAME: _____ NAME _____

ADDRESS _____ ADDRESS: _____